

LLC/S-CORP/PARTNERSHIP CUSTOMER INFORMATION SHEET

BUSINESS NAME: _____ TAX ID/EIN _____ - _____

MAILING ADDRESS: _____

CITY: _____ State: _____ ZIP: _____

PHONE: _____ EMAIL: _____

IS YOUR BUSINESS LOCATION DIFFERENT THAN YOUR MAILING ADDRESS? Y N
IF YES, PLEASE FILL IN LOCATION ADDRESS BELOW:

MAILING ADDRESS: _____

CITY: _____ State: _____ ZIP: _____

NEW/FIRST YEAR CLIENTS

BUSINESS ACTIVITY/TYPE: _____ FISCAL YEAR ENDS (MO/DAY) _____ / _____

METHOD OF ACCOUNTING: CASH ACCRUAL OTHER

YEAR OF FORMATION _____ STATE OF FORMATION _____

YEAR OF INCORPORATION (IF APPLICABLE) _____ YEAR S-ELECTION FILED (IF APPLICABLE) _____

BUSINESS ENTITY

PLEASE SELECT

LLC _____ # MEMBERS CORP TAXATION S-ELECTION FILED

S-CORP _____ # SHAREHOLDERS _____ TOTAL # SHARES

PARTNERSHIP _____ # PARTNERS

WAS THERE A CHANGE IN OWNERSHIP PERCENTAGE IN THE YEAR? YES

OWNER INFORMATION—PLEASE LIST PRIMARY CONTACT FIRST (ATTACH LIST IF ADDITIONAL OWNERS)

NAME	TAX ID	ADDRESS	# SHARES/ %OWNERSHIP

*****DO YOU HAVE A PARTNERHIP/OWNER AGREEMENT?** Y (PLEASE PROVIDE A COPY) N

GENERAL INFORMATION

TYPE OF BUSINESS OR SERVICE:

DO YOU HAVE INVENTORY? YES NO

DID YOU CLOSE THIS BUSINESS IN 2023? YES

INCOME	\$
GROSS INCOME (include all income from cash, checks, credit cards and other electronic payments.)	\$
PORTION REPORTED ON 1099 K	\$
PORTION REPORTED ON 1099 MISC	\$
REFUNDS/RETURNS	\$

BUSINESS EXPENSES	\$	\$
ADVERTISING (BUSINESS CARDS, WEB SITE, ADS)	\$	LEGAL AND PROFESSIONAL (TAX PREP, CONSULTING)
AUTO/MILEAGE REIMBURSEMENT	\$	LOCAL MEALS
BANK FEES AND CHARGES/MERCHANT SERVICES	\$	LOCAL TRAVEL (Bus, Uber, etc, within city you live.)
COMMISSIONS AND FEES	\$	OFFICE AND POSTAGE/SHIPPING
CONTRACT LABOR 1099? <input type="checkbox"/> , ISSUED? Y <input type="checkbox"/> N <input type="checkbox"/>	\$	PARKING/TOLLS
COST OF GOODS SOLD—SEE PAGE 3		RENT (Do not include rent for your home)
DUES AND SUBSCRIPTIONS	\$	REPAIRS AND MAINTENANCE
EMPLOYEE BENEFITS	\$	SOFTWARE
EMPLOYEE HEALTH INSURANCE	\$	SUPPLIES AND SMALL TOOLS (LESS THAN 1 YEAR LIFE)
EQUIPMENT—PLEASE SEE PAGE 3		TAXES AND LICENSES (TRIMET, CITY OF PDX, OFFICE PROPERTY TAX, BUSINESS LICENSE)
HEALTH INSURANCE (EMPLOYEES)	\$	TAXES--PAYROLL
HEALTH INSURANCE (OWNER/PARTNER)	\$	TRAVEL—SEE OTHER SIDE
HOME OFFICE REIMBURSEMENT	\$	UTILITIES (RENTED/OWNED OFFICE SPACE—NOT HOME OFFICE—GAS, ELECTRIC, TRASH, WATER, INTERNET/TV, TELEPHONE, SECURITY)
LIABILITY INSURANCE/BOND	\$	UTILITES—CELL PHONE
INTEREST (BUSINESS CREDIT CARDS, LOANS)	\$	WAGES: Please provide an annual payroll summary
LAUNDRY/CLEANING/JANATORIAL	\$	OTHER:

TRAVEL

LLC/S-CORP/PARTNERSHIP CUSTOMER INFORMATION SHEET

CITY	# OF DAYS	AIRFARE	HOTEL	BUS/TAXI	CAR RENTAL	FUEL	OTHER

EQUIPMENT

DESCRIPTION OF ITEM	DATE PURCHASED	COST
		\$
		\$
		\$
		\$
		\$
		\$

COST OF GOODS SOLD

DO YOU MANUFACTURE OR PRODUCE A PRODUCT FOR SALE TO CUSTOMERS	YES <input type="checkbox"/> NO <input type="checkbox"/>
DO YOU MAINTAIN INVENTORY	YES <input type="checkbox"/> NO <input type="checkbox"/>
STARTING INVENTORY	\$
PURCHASES LESS ITEMS WITHDRAWN FOR PERSONAL USE	\$
COST OF LABOR TO MANUFACTURE OR ASSEMBLE GOODS	\$
MATERIALS AND SUPPLIES	\$
ENDING INVENTORY	\$

NOTES: _____

BALANCE SHEET

BANK ACCOUNT BALANCES

ACCOUNT	BALANCE 1/1/2023	BALANCE 12/31/2023
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BUSINESS CHECKING		
BUSINESS SAVINGS		
CREDIT CARD 1		
CREDIT CARD 2		
CREDIT CARD 3		

LOAN BALANCES

PLEASE INCLUDE BALANCES FOR ALL BUSINESS LOANS (AUTO, EQUIPMENT, BUSINESS)

LOAN DESCRIPTION	BALANCE 1/1/2023	BALANCE 12/31/2023

LOANS TO OWNERS/PARTNERS

OWNER/PARTNER NAME	INTEREST RATE	BALANCE 1/1/2023	BALANCE 12/31/2023

DISTRIBUTIONS

PLEASE GIVE A TOTAL AMOUNT TAKEN OUT OF THE BUSINESS IN 2023 FOR EACH OWNER/PARTNER

NAME	CASH RECEIVED	VALUE OF GOODS RECEIVED

CITY OF PORTLAND/MULTNOMAH COUNTY (OR ATTACH QUICKBOOKS REPORT "Income by Client Summary" and indicate which clients billing address or work location is in City of Portland/Multnomah County)

SALES TO CLIENTS IN THE CITY OF PORTLAND \$ _____

SALES TO CLIENTS IN MULTNOMAH COUNTY \$ _____